



APPLICATION FOR USE OF FACILITIES

Choose Facility:

- ☐ Newland Barn Maximum 200 ☐ Lake Park Clubhouse Maximum 100 ☐ Lake Park BBQ Maximum 200 ☐ Harbour View Clubhouse Maximum 150

☐ HCP Picnic Shelter ☐ HCP Amphitheater ☐ HCP Bandstand ☐ Other _____

Alcohol ☐ N/A ☐ YES ☐ NO

Time Guests will Arrive _____ ☐ am ☐ pm

Will guests be charged to enter? ☐ N/A ☐ YES ☐ NO

Will guests be charged for alcohol? ☐ N/A ☐ YES ☐ NO

Type of Event: _____ Number in Attendance*: _____

*# Includes Guests, Vendors & Staff

Date(s) Requested: _____ Day(s) of Week: _____

Hours Requested (Include *setup and cleanup* time): _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

Is this rental ongoing? ☐ YES ☐ NO Frequency of Rental: _____

Applicant Name _____ Organization _____

Address _____ City _____ Zip _____

Phone _____ Other Phone _____ E-mail address _____

We intend to comply with the Americans with Disabilities Act. If you require special accommodations, indicate on line below:

The undersigned hereby agrees to abide by the policies governing the use of this facility, as set forth on the attached page, and all others approved by City Council, and will specifically accept responsibility for any damage to the facility, furniture or equipment caused by the occupancy of said premises. I understand that the City of Huntington Beach is not responsible for lost or stolen property. **The failure to fulfill any obligation within this document or violate any provisions herein shall be considered a breach of facility use, and may result in immediate termination of the event and the forfeiture of all fees and deposits.**

Signature of Applicant _____ Driver's License # _____ Date _____

APPROVAL:

COMMUNITY SERVICES

Approved _____ Denied _____ Date _____
By _____

CITY MANAGER

Approved _____ Denied _____ Date _____
By _____

POLICE DEPARTMENT

Approved _____ Denied _____ Date _____
By _____

ABC License # _____
(if applicable)

(FOR DEPARTMENT USE ONLY)

CHARGES:

Number of Hours _____ @ _____	\$ _____	Insurance Fee	\$ _____
Second Opening Fee	\$ _____	Alcohol Filing Fee	\$ _____
Table/Chair Setup Fee	\$ _____	Cleaning/Security Deposit	\$ _____
Other _____	\$ _____	TOTAL	\$ _____

☐ Cash ☐ Credit Card V MC D Last 4 Digits _____ Exp ____/____ ☐ Check # _____

Received By _____ Date _____ Receipt # _____